

## RENEWAL OF ALCOHOL LICENSE INSTRUCTIONS AND CHECKLIST

**PLEASE NOTE: THE APPLICATION MUST BE COMPLETED IN ITS ENTIRETY BEFORE BEING ACCEPTED BY THE LICENSING OFFICE. EACH QUESTION MUST BE ANSWERED.**

To be considered for renewal of an Alcoholic Beverage License, the following procedures must be followed:

- \_\_\_\_\_ 1. The application and all attachments must be typed or legibly printed in blue ink. The Licensing Office reserves the right to refuse to accept any application and/or attachment(s) considered illegible.
- \_\_\_\_\_ 2. Proof that Registered Agent is currently a resident of Habersham County (if the address has changed since your most recent license was issued) phone bill, power bill, or driver's license if their the current address is the same address on their license, or request to change registered agent of record if the person previously named is to be replaced.
- \_\_\_\_\_ 3. Documentation of the Managing Agent's home address, such as phone bill, power bill Or driver's license if the address has changed since the most recent application.
- \_\_\_\_\_ 4. Submit payment of your Alcoholic Beverage License fee by one of the following methods: cash, certified check, or cashier's check, made payable to the City of Clarkesville for the proper amount.
- \_\_\_\_\_ 5. A criminal history consent form must be completed and submitted with this application for the following: owner, sole proprietor, partner, and managing agent (make additional copies as needed).
- \_\_\_\_\_ 6. Complete and attach Affidavit Verifying Status of Citizenship. Persons that are **not** U.S. Citizens must Provide original Immigration Card I-551 to the Licensing Office for verification and copying. Naturalized citizens must provide their **original** certificate of naturalization for verification by the Licensing Office. This applies to the licensee, each owner, and each partner.
- \_\_\_\_\_ 7. Taxes on Personal & Real Property are paid in full.
- \_\_\_\_\_ 8. All Volume and Mix Drink reports with state sales tax (attached) are turned into the Clerk's office (due by the 20<sup>th</sup> of each month) and are up to date.
- \_\_\_\_\_ 9. Ensure all employees taking orders or serving have a server's permit.
- \_\_\_\_\_ 10. List of all employees with name, address, phone number, and job description turned in to Clerk's office (due June & December) and are up to date.
- \_\_\_\_\_ 11. You have scheduled and had a safety check with Zoning Administrator Mr. Caleb Gaines (706-968-5641) before November 4, 2022.

PLEASE BE ADVISED THAT IN ADDITION TO THE CITY OF CLARKESVILLE ALCOHOLIC BEVERAGE LICENSE, YOU MUST ALSO MAINTAIN A LICENSE FROM THE STATE OF GEORGIA

**Please read the application carefully and answer all questions. Omissions and/or false statements associated with this application are grounds for revocation or denial of an alcoholic beverage license and criminal penalties for false swearing.**

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a \_\_\_\_\_ [type of public benefit],

as referenced in O.C.G.A. § 50-36-1, from \_\_\_\_\_ [name of government entity],

the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency \_\_\_\_\_ -

**The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.**

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20 and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS  
THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:



established 1823

# CLARKESVILLE

— We Call it Home. —

## **Alcohol License Renewal Life Safety Check List:**

Before all alcohol license renewals, a life safety inspection shall be performed. This inspection ensures that the premises are current with alcohol ordinances and life safety requirements.

**You will need to schedule a date for your inspection with Mr. Gaines. All checks must be prepared and completed before November 04, 2022. Mr. Gaines's Cell number is 706-968-5641; 24-hour notice is required.**

These are the common items that are inspected, but not limited to when inspections are being conducted:

- **Building structure**
- **Fire Safety**
  - Fire Extinguishers tagged, mounted, and marked with signage (Code states one 10lb extinguisher per 3000 sq. ft.)
  - Exit signage mounted and tested (Emergency Lighting and/or combo/Exit lights where required)
  - Minimum three (3) foot clearance between aisles
  - Egress (Exit) doors are clear and unobstructed, and unlocked during business hours
- **Alcohol License Requirements/Open Area and Patio**
  - Open area/Patio enclosed with public primary ingress/egress through main licensed premises
  - Fire exit(s) correctly marked and unlocked during business hours
  - The alarm on fire exit(s) in good working order

Please contact the City of Clarkesville building department before commencing work if any repairs involve permitted work.

**Caleb Gaines Zoning Administrator/Building Inspector  
Office – 706-754-4216 Cell – 706-968-5641**

**CITY OF CLARKESVILLE**  
**RETAIL ALCOHOLIC BEVERAGE LICENSE**  
**\*RENEWAL APPLICATION\***

**FOR OFFICE USE ONLY:**

**LICENSE YEAR:** \_\_\_\_\_

**LICENSE NUMBER:** \_\_\_\_\_

**INSTRUCTIONS:** Every question shall be fully answered (**TYPEWRITTEN** or printed in ink, **LEGIBLY AND NEATLY**). If the space provided is not sufficient, answer the question on a separate page and indicate in the space provided that such separate page is attached. When completed, this application must be **DATED, SIGNED, AND VERIFIED UNDER OATH BY THE APPLICANT AND FILED WITH THE CITY CLERK'S OFFICE**, together with **ALL SUPPORTING PAPERS AND CERTIFIED CHECK, CASHIER'S CHECK, OR CASH FOR THE EXACT FEE.**

**BUSINESS NAME:** \_\_\_\_\_

**MANAGING AGENT NAME:** \_\_\_\_\_

**REGISTERED AGENT NAME:** \_\_\_\_\_

**FEES FOR CURRENTLY LICENSED ESTABLISHMENTS ONLY:**

\_\_\_\_\_ **CHANGE OF MANAGING AGENT:** ..... \$ 100  
 \_\_\_\_\_ **CHANGE OF REGISTERED AGENT:** ..... \$ 100

**TYPE OF LICENSE & FEE:**

(Applications filed after July 1<sup>st</sup> shall be prorated to one half the amount listed)

\_\_\_\_\_ **Special Events Permit:** ..... \$ 25  
 \_\_\_\_\_ **Distilled Spirits/ Consumption on the Premises:** ..... \$2,000  
 \_\_\_\_\_ **Malt Beverage & Wine Package Sales:** ..... \$ 425 (each)  
 \_\_\_\_\_ **Distilled Spirits Package Sales:**..... \$5,000  
 \_\_\_\_\_ **Malt Beverages/ Consumption on the Premises:** ..... \$ 500  
 \_\_\_\_\_ **Wine/ Consumption on the Premises:** ..... \$ 500  
 \_\_\_\_\_ **Farm Winery/Farm Tasting Room:** ..... \$1,000  
 \_\_\_\_\_ **Art Shop:** ..... \$ 500  
 \_\_\_\_\_ **Brew Pub/Tap Room:**..... \$ 500  
 \_\_\_\_\_ **Administrative/Investigative Fees per location (no proration):** ..... \$ 250  
 \_\_\_\_\_ **Growler Permit (One Time Charge):**..... \$ 250



**CLARKESVILLE POLICE DEPARTMENT**

Habersham County, Georgia

**CRIMINAL HISTORY CONSENT/INQUIRY FORM**

I hereby authorize **Clarkesville Police Department** to conduct an inquiry for the purpose(s) listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

*PLEASE PRINT LEGIBLY*

<b>Full Name:</b>				
<b>Prior Names:</b>				
<b>Address:</b>				
<b>Phone:</b>	<b>Sex:</b>	<b>Race:</b>	<b>Date of Birth:</b>	<b>Social Security Number:</b>

- This authorization is valid for \_\_\_\_\_ days from date of signature.
- I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Purpose: (check all that apply)**

- E – Employment (*Server's / Alcohol*)
- J – Civilian Criminal Justice Employment
- M – Working with Mentally Disabled
- N – Working with Elderly
- P – Public Records
- U – Personal Copy
- W – Working with Children
- Z – Sworn Criminal Justice Employment

*(Purpose U Only)*

\_\_\_\_\_ By initialing, I understand that receiving Personal Inspection Criminal History that I, alone, is responsible for its dissemination.

**DO NOT WRITE BELOW THIS LINE**

\*\*\*\*\*

**The inquiry resulted in the following: (check all that apply)**

- No Criminal Record Available
- Criminal Record Attached
- No NCIC/GCIC Warrant
- Possible NCIC/GCIC Warrant

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

\_\_\_\_\_  
Agency Designee Signature

\_\_\_\_\_  
Date & Time

# BUSINESS INFORMATION

Legal Name of Business: \_\_\_\_\_

Type of ownership:

- \_\_\_\_\_ Individual Ownership (sole ownership)
- \_\_\_\_\_ Partnership
- \_\_\_\_\_ Owner with investors
- \_\_\_\_\_ Corporation with one location
- \_\_\_\_\_ Corporation with multiple locations in Georgia
- \_\_\_\_\_ Corporations with multiple locations in more than one state

Trade name of business: \_\_\_\_\_

Location of business: \_\_\_\_\_

Street address \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Georgia Sales Tax Number: \_\_\_\_\_

Federal Employee Identification Number \_\_\_\_\_

License holder/Managing Agent: \_\_\_\_\_

(Name, Address, Email, &Phone Number)

Registered Agent: \_\_\_\_\_

(Name, Address, Email, & Phone Number)

Has this place of business or anyone connected therewith been cited or charged with any violation of state or federal law or regulation of the City or county since the original license was issued?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ (If yes, give details on separate sheet)

List any other individuals or entities having any interest directly or indirectly in this business and show the nature of such interest:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OWNER / PARTNER / INTEREST HOLDER /**  
**MANAGING AGENT**

(Make copies if needed)

**The managing agent must be an individual who is a resident of the state of Georgia and a full-time employee of the business, who has regular managerial authority over the business conducted on the licensed premises, including the sale of alcoholic beverages.**

Full name of applicant (do not use initials) \_\_\_\_\_  
Include maiden name(s), alias(s), etc.

Social Security No. \_\_\_\_-\_\_\_\_-\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone \_\_\_\_\_

Length of residency at this location: \_\_\_\_\_

Business Address: \_\_\_\_\_

Race: \_\_\_\_ Sex: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Age: \_\_\_\_ Hair: \_\_\_\_ Eyes: \_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth: \_\_\_\_\_

U.S. Citizen: \_\_\_\_\_ By Birth: \_\_\_\_\_ Naturalized: \_\_\_\_\_

Date, Place, and Court: \_\_\_\_\_ Certificate No: \_\_\_\_\_

Petition # \_\_\_\_\_ Alien Registration # \_\_\_\_\_ Native Country: \_\_\_\_\_

Date and port of entry: \_\_\_\_\_

Length of residency in Georgia \_\_\_\_\_ Number of years at current address: \_\_\_\_\_

Percentage of interest held with the business submitted this application \_\_\_\_\_

**Estimated annual gross receipts of business for 2022:** \_\_\_\_\_

Have you, your spouse, or any person having any interest in this business, ever applied for an alcoholic beverage license, ever had any interest in any business licensed to sell alcoholic beverages, ever been an alcohol licensee, or ever been an officer in any business with an alcoholic beverage license that was cited, had an employee of any business cited, detained, arrested, indicted, or convicted for any offense by any federal, state, county, or city government or has any business been warned or had any license placed on probation, denied, suspended or revoked by any federal, state, county, or city government? (Failure to make full disclosure of all details in response to this application could result in denial of the application or revocation of the license.) Yes ( ) No ( ) *If yes, give full details on*

**REGISTERED AGENT**

**All licensed establishments must have and continuously maintain in Habersham County a “Registered Agent” upon whom any process, notice, or demand required or permitted by law or under the City of Clarkesville Alcoholic Beverage Code to be served upon the licensee or owner may be served. This person must be a resident of Habersham County.**

NAME: \_\_\_\_\_  
(state full name, do not use initials)

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone #: \_\_\_\_\_

**Owner, Partner, Interest Holder, Managing Agent, Registered Agent**

**OATH**

I/We do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application for an alcoholic beverage license are true and complete and that no false or fraudulent statement or answer is made herein to procure granting of a license; that I do understand that any license issued according to this application is conditioned upon the truth of the answers and statements made herein; and that any false or fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issued according to this application.

Should any change occur during the year for which a license is issued, according to this application which would require a different answer to any question contained in this application, such change **must** be reported as a written amendment to this application within five (5) days of the change. The **failure to make such an amendment** shall be a cause for the suspension or revocation of any license issued.

I/We hereby certify as the applicant(s) that I/We have received, read, and understand the City of Clarkesville regulations controlling alcoholic beverages and herein make an application. I/We also understand that a copy of the Alcohol Code is to be kept on the licensed premises at all times.

\_\_\_\_\_  
Signature of Applicant, Partner, Interest Holder

\_\_\_\_\_  
Managing Agent

\_\_\_\_\_  
Registered Agent

\_\_\_\_\_  
Signature of Owner (IF not Applicant)

\_\_\_\_\_  
Doing Business As

Sworn to and subscribed before me  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

(SEAL)